

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: \_\_\_\_\_

Chapter: 11

Judge: \_\_\_\_\_

**REPORT OF DISTRIBUTIONS  
UNDER CONFIRMED CHAPTER 11 PLAN**

Date of Distribution: \_\_\_\_\_ Date Plan Confirmed: \_\_\_\_\_

Check one: ☐ Initial Distribution  
☐ Subsequent Distribution

Will future distributions be made under the Plan? ☐ Yes ☐ No

Future distributions will be made to (*check all that apply*):

- ☐ Administrative fees and expenses
- ☐ Secured claims
- ☐ Priority secured claims
- ☐ General unsecured claims
- ☐ Equity security holders

Anticipated date of next distribution, if known: \_\_\_\_\_

Percentage dividend to general unsecured creditors:

Paid in this distribution: \_\_\_\_\_ %

Paid to date: \_\_\_\_\_ %

To be paid after all distributions made under Plan: \_\_\_\_\_ %

**Summary of Payments Made in This Distribution:**

\$ \_\_\_\_\_ Administrative fees and expenses  
\$ \_\_\_\_\_ Secured claims  
\$ \_\_\_\_\_ Priority unsecured claims  
\$ \_\_\_\_\_ General unsecured claims  
\$ \_\_\_\_\_ Equity security holders  
\$ \_\_\_\_\_ TOTAL PAYMENTS MADE IN THIS DISTRIBUTION

Questions regarding plan distributions may be directed to:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Plan proponent: \_\_\_\_\_

I certify under penalty of perjury that the above is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Disbursing Agent

rev.8/1/15